

# CORONER INVESTIGATION REPORT

Case Number

Coroner/Deputy: \_\_\_\_\_

Date of Call: \_\_\_\_\_

Time of Call: \_\_\_\_\_

Person Calling: \_\_\_\_\_

Police Agency: \_\_\_\_\_

County: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_

Suspected Cause:

☐ Natural

☐ Accident

☐ Pending

☐ Suicide

☐ Homicide

☐ Undetermined

## DECEDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ ☐ Male ☐ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ County of Residence: \_\_\_\_\_

State of Residence: \_\_\_\_\_ Zip: \_\_\_\_\_ SSN#: \_\_\_\_\_

Age: \_\_\_\_\_ Surviving Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Height (Inches): \_\_\_\_\_

Weight (Pounds): \_\_\_\_\_

Eyes: \_\_\_\_\_

Hair: \_\_\_\_\_

☐ Pregnant

☐ Homeless

☐ Veteran

### Race:

- ☐ White  
☐ Black  
☐ Asian  
☐ American Indian  
☐ Alaskan Native  
☐ Pacific Islander  
☐ Unknown

### Ethnicity:

- ☐ Hispanic  
☐ Not of  
Hispanic Origin  
☐ Unknown

### Marital Status:

- ☐ Never Married  
☐ Separated  
☐ Divorced  
☐ Married  
☐ Widowed

### Education:

- ☐ Elementary School  
☐ Middle School  
☐ Jr. High School  
☐ High School  
☐ 1 yr. College/Tech School  
☐ 2 yrs. College/Tech School  
☐ 3 yrs. College/Tech School  
☐ 4 yrs. College/Tech School  
☐ 1+ yrs. Post Graduate  
☐ Unknown

### Employment:

- ☐ Employed  
☐ Unemployed  
☐ Homemaker  
☐ Volunteer  
☐ Retired  
☐ Student  
☐ Disabled  
☐ Other  
☐ Unknown

Place of Employment: \_\_\_\_\_

## NEXT OF KIN

Notified by: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date Notified: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Time Notified: \_\_\_\_\_ Phone Number: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## INCIDENT INFORMATION

Death Date: \_\_\_\_\_ Injury Date: \_\_\_\_\_

Death Time: \_\_\_\_\_ Injury Time: \_\_\_\_\_

### Place of Death:

- ☐ DOA ☐ Nursing home  
☐ Decedent's Residence ☐ Other  
☐ Decedent's Employment  
☐ Inpatient  
☐ ER/Outpatient ☐ Address of Death

### Place of Injury:

- ☐ DOA ☐ Nursing home  
☐ Decedent's Residence ☐ Other  
☐ Decedent's Employment  
☐ Inpatient  
☐ ER/Outpatient ☐ Address of Injury

Date

Time

Location

City or County

Last seen alive:

Death discovered:

Found dead by: \_\_\_\_\_ Address: \_\_\_\_\_

Last seen alive by: \_\_\_\_\_ Address: \_\_\_\_\_

Witness to injury, illness or death \_\_\_\_\_

Weather: \_\_\_\_\_ Activity: \_\_\_\_\_

Position of body: \_\_\_\_\_

Livor: \_\_\_\_\_ Rigor: \_\_\_\_\_ ☐ Consistent with position

☐ Clothed ☐ Partially Clothed ☐ Unclothed

Distinguishing marks: \_\_\_\_\_

Body temperature: \_\_\_\_\_ Body decomposition: \_\_\_\_\_

Cause of death:

A) \_\_\_\_\_  
(Immediate cause)

B) \_\_\_\_\_  
(Due to or as Consequence of)

C) \_\_\_\_\_  
(Due to or as Consequence of)

## INVESTIGATION

Evidence Collected: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ Toxicology Collected

Collected by: \_\_\_\_\_ Photos: ☐ Yes ☐ No

☐ Blood  
☐ Urine  
☐ Vitreous

☐ EMS at scene

☐ Admitted

Name: \_\_\_\_\_

☐ Victim seen in ER

☐ Attending Physician Notified

Number: \_\_\_\_\_

Medical History: \_\_\_\_\_ ☐ Diabetes

Medications:

☐ Medical Records Requested

☐ KODA notified

☐ Police department notified

☐ Autopsy:

☐ Organ donation

Officer: \_\_\_\_\_

Medical Examiner: \_\_\_\_\_

☐ Tissue donation

☐ KY fire marshal notified

☐ Death Certificate signed by:

☐ Cornea donation

☐ OSHA requested

☐ Coroner's inquest

☐ Body Transported ☐ Cremation ☐ Cremation permit signed

Body released to: \_\_\_\_\_

Cost of transport: \_\_\_\_\_

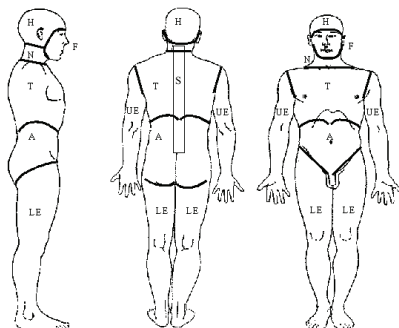
Funeral Home: \_\_\_\_\_

Phone Number: \_\_\_\_\_

☐ Alcohol use suspected Drug type: \_\_\_\_\_  
☐ Drug use suspected \_\_\_\_\_

### Wound Location:

- ☐ Head  
☐ Neck  
☐ Face  
☐ Thorax  
☐ Abdomen/lower back  
☐ Spine  
☐ Upper extremities  
☐ Lower extremities  
☐ Unknown  
☐ Additional wounds



F - Face  
N - Neck  
T - Thorax (chest, upper back)  
S - Spine  
UE - Upper Extremities  
LE - Lower Extremities

### Poisoning:

- ☐ Street Recreational Drugs  
☐ Alcohol  
☐ Pharmaceuticals (Prescription)  
☐ Pharmaceuticals (Over-the-counter)  
☐ Pharmaceuticals (Unknown)  
☐ Other Gas or Vapor  
☐ Insecticide, Cleaning/Home Supplies  
☐ Other (specify): \_\_\_\_\_  
☐ Carbon Monoxide (specify source): \_\_\_\_\_

Patient drug obtained for: \_\_\_\_\_

Size of pills (mg): \_\_\_\_\_

Number of pills: \_\_\_\_\_

Estimated amount of liquid poison injected (ml): \_\_\_\_\_

- ☐ Handgun
- ☐ Handgun/revolver
- ☐ Handgun/semi-auto
- ☐ Rifle
- ☐ Shotgun
- ☐ Other (see narrative)
- ☐ Non-powder gun

- ☐ Sharp instrument
- ☐ Blunt instrument
- ☐ Poisoning (drug and gas OD)
- ☐ Hanging/Strangulation/Suffocation
- ☐ Personal weapons (e.g. fist)
- ☐ Fall (pushed/jumped)
- ☐ Explosive
- ☐ Drowning
- ☐ Fire or burns
- ☐ Shaking
- ☐ Motor vehicle
- ☐ Biological weapons
- ☐ Other (specify):

**Number of Shells:** \_\_\_\_\_

- ☐ Brawl (mutual physical fight)
- ☐ Drug related
- ☐ Intimate partner left/threatening
- ☐ Other relationship (not intimate partner)
- ☐ Intimate partner problems
- ☐ Intervener assisting in crime
- ☐ Associated with another crime (see narrative)
- ☐ Argument over money or property
- ☐ Gang related
- ☐ Jealousy (lover's triangle)
- ☐ Justifiable homicide
- ☐ Other argument, abuse, conflict
- ☐ Hate crime
- ☐ Innocent bystander
- ☐ Random violence
- ☐ Terrorist attack
- ☐ Other (see narrative)

- ☐ Life crisis within last two weeks
- ☐ Anniversary of life crisis
- ☐ Current depressed mood
- ☐ Current mental health problem
- ☐ Treatment for mental illness (current, ever)
- ☐ Financial problem
- ☐ Physical health problem
- ☐ Job problem
- ☐ Lack of employment
- ☐ Recent diagnoses
- ☐ Intimate partner problems
- ☐ Intimate partner left/threatening
- ☐ Other relationship problem (not IP)
- ☐ School problem
- ☐ Alcohol/Substance problem
- ☐ Recent criminal problem
- ☐ Legal problems
- ☐ Recent suicide of relative/friend
- ☐ Other death of relative/friend
- ☐ Perpetrator of violence/crime
- ☐ Victim of violence/crime
- ☐ Other (see narrative)

- ☐ Fall
- ☐ Hunting
- ☐ Playing with gun
- ☐ Loading/Unloading gun
- ☐ Motor vehicle
- ☐ Target shooting
- ☐ Self-defense shooting
- ☐ Showing gun to others
- ☐ Cleaning gun
- ☐ Gun defect/Malfunction
- ☐ Celebratory firing
- ☐ Other (see narrative)

- ☐ Passenger  
☐ Driver  
☐ Pedestrian  
☐ Lap belt used  
☐ Shoulder belt used  
☐ Helmet worn  
☐ Airbag deployed  
☐ Hit-Run  
☐ Non highway  
**Vehicle Type:**

☐ Nursing Home/Hospice      ☐ Diabetes  
☐ SIDS/SUIDS                ☐ Heart Disease  
☐ Smoker

[illegible]

# PERSONAL EFFECTS INVENTORY:

- ☐ Bathrobe
- ☐ Belt
- ☐ Billfold (list contents below)
- ☐ Blouse
- ☐ Bra
- ☐ Coat
- ☐ Dress
- ☐ Eye glasses
- ☐ Gasoline
- ☐ Garters
- ☐ Girdle
- ☐ Gloves

- ☐ Handkerchiefs
- ☐ Hat
- ☐ Hose
- ☐ Housecoat
- ☐ Jewelry (list below)
- ☐ Luggage (list contents below)
- ☐ Money (list below)
- ☐ Negligee
- ☐ Nightgown

- ☐ Overshoes
- ☐ Pajamas
- ☐ Panties
- ☐ Purse
- ☐ Raincoat
- ☐ Scarf
- ☐ Shirt
- ☐ Shoes
- ☐ Shorts
- ☐ Slip
- ☐ Skirt

- ☐ Slippers
- ☐ Socks
- ☐ Suspenders
- ☐ Sweater
- ☐ T-Shirt
- ☐ Tie
- ☐ Topcoat
- ☐ Trousers
- ☐ Umbrella
- ☐ Vest
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

Billfold or purse contents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Keys \_\_\_\_\_

Money (list the number of each denomination)

Bills: \$100 \_\_\_\_\_ \$10 \_\_\_\_\_  
\$ 50 \_\_\_\_\_ \$ 5 \_\_\_\_\_  
\$ 20 \_\_\_\_\_ \$ 1 \_\_\_\_\_  
Sub Total \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Coins: ( ) \$1.00 \_\_\_\_\_ ( ) \$ .10 \_\_\_\_\_  
( ) .50 \_\_\_\_\_ ( ) .05 \_\_\_\_\_  
( ) .25 \_\_\_\_\_ ( ) .01 \_\_\_\_\_  
Sub Total \_\_\_\_\_

☐ Watch

Make \_\_\_\_\_

☐ Rings, description \_\_\_\_\_

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

☐ Bracelet, description \_\_\_\_\_

☐ Necklace, description \_\_\_\_\_

☐ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clothing searched by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Valuables received by: \_\_\_\_\_ Witnessed: \_\_\_\_\_

Valuables stored (give exact location): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Release of personal effects authorized by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Personal effects listed above received by: \_\_\_\_\_

Name: \_\_\_\_\_ Capacity of relationship: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_